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Strengthening the global health architecture: implementation of the recommendations of the High-level Panel on the Global Response to Health Crises

Report of the Secretary-General

I. Background

1. On 3 April 2015, I commissioned the High-level Panel on the Global Response to Health Crises to undertake a wide range of consultations and to make recommendations to strengthen national and international systems to prevent and manage future health crises, taking into account lessons learned from the response to the outbreak of Ebola virus disease in West Africa from 2014 to 2015. In early 2016, the Panel submitted its report, entitled "Protecting humanity from future health crises" (A/70/723). I thank and congratulate President of the United Republic of Tanzania Jakaya Mrisho Kikwete and the other members of the Panel for their considered report, which was presented after widespread consultations, including with representatives from the affected countries and communities, the United Nations system, multilateral and bilateral financial institutions, non-governmental organizations, countries supporting the response effort, other Member States, health-care providers, academic and research institutions, the private sector and other experts.

2. Many of the Panel's recommendations are directed towards the United Nations system. Some are specifically directed to the World Health Organization (WHO), given the specific focus of the Panel's work. I have closely reviewed those recommendations with the Director General of WHO and with the leaders of other United Nations system entities. The present report contains my suggestions on ways to implement the recommendations of the Panel. I have outlined activities that have been initiated or are planned in connection with the recommendations. I have also commented on recommendations that relate to the work of the General Assembly or the World Health Assembly, as well as to the work of other actors, including regional organizations, financial institutions and the private sector. I invite the

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General Assembly to consider the present report when it reviews the report of the High-level Panel on the Global Response to Health Crises.

II. Introduction

3. As the Ebola outbreak unfolded in 2014, it became clear that no one country or organization had the resources to stem the tide of the crisis. Uncertainty, fear and a lack of capacity and preparedness contributed to an ineffective and delayed response. The Governments of the affected countries called upon the United Nations to lead the coordination of the international response to the Ebola outbreak. Following consultation with the Director General of WHO, I informed Member States in my identical letters to the Presidents of the General Assembly and the Security Council of 17 September 2014 (A/69/389-S/2014/679) that the United Nations, in support of national efforts, would do everything it could to bring an end to the crisis and would provide the strategic leadership, diverse capacity and operational framework for the action necessary to harness international efforts in a unified and coherent manner in order to manage the crisis effectively and efficiently. In that regard, I established the first-ever emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER). The General Assembly welcomed the establishment of UNMEER and played a critical role in sustaining the political and financial support required to contain the outbreak.

4. Harnessing the operational capabilities of the United Nations agencies, funds and programmes, UNMEER brought critical political engagement and a regional coordination capacity to the crisis. Member States took significant and robust action in deploying their national capacities to assist the affected countries of Guinea, Liberia and Sierra Leone. With remarkable courageous action taken by local communities, Governments and international partners, the spread of Ebola was gradually contained.

5. As at April 2016, more than 28,600 people have been infected with Ebola and more than 11,300 people have died from the virus. Many infected early on during the outbreak were unable to access high-quality care. The Ebola crisis went far beyond a health emergency. It affected economies, trade, livelihoods and employment, and reversed hard-won progress in the economic and development spheres. It also diverted resources from other critical services, leaving those affected in a more vulnerable state.

6. While the response measures outlined above provided important support, it is clear that the world needs a more robust and effective global health architecture with strong and accountable leadership to deal with health crises, including pandemics. Too many lives in West Africa were lost that could otherwise have been saved with a stronger global and national health crisis prevention and response system.

7. To address that need, I established the High-level Panel on the Global Response to Health Crises to identify high-level policy recommendations that would enable the global community to be better prepared to prevent and respond to health crises.

Recommendations relating to the World Health Organization

8. In its report, the Panel stated that it was convinced that there was no substitute for a single global health leader with significant resources to determine and execute global health priorities, and that the World Health Organization should become that leader. I agree with that finding and support the Panel's recommendation for establishing a dedicated capacity within WHO for emergency preparedness and response with strong senior leadership. Health crises caused by epidemics and pandemics are a threat to global public health and require a coordinated global response. WHO is the single organization with the appropriate experience and technical capacity to undertake this responsibility. At the same time, I believe that WHO needs to reposition itself as an operational organization, clarifying its reporting lines and adjusting its business processes so that it can perform its operational role most effectively during times of health crises.

9. WHO has a critical leadership role to play in preventing and responding to epidemics and outbreaks such as Ebola and Zika. It is imperative in such health crises, or in threats of an outbreak, that WHO operates in an independent and neutral manner and is not subject to any political pressure that may affect the transparency of its communication and reporting. If that independence is compromised, it may have an impact upon global public health and increase the vulnerability of populations around the world.

10. The Director General of WHO has informed me that the organization is establishing a single programme on outbreaks and emergencies, with one workforce, one budget, one set of rules and processes and one clear line of authority. The new programme is designed to be comprehensive, addressing all hazards flexibly and rapidly, together with all relevant partners, including humanitarian actors. The Panel underlined that WHO cannot act in isolation in responding to a health crisis and must also engage its fellow Inter-Agency Standing Committee members and all relevant responders, including in the context of the International Health Regulations (2005).

11. No humanitarian organization can effectively respond to an emergency unless there is a clear line of direct command from its executive head to its staff in the field, and unless the management of the organization is able to operate under the principles of neutrality, impartiality and independence, responding directly to the greatest needs without hindrance. Those operational principles have served the United Nations and its partners well in humanitarian crises. Having closely consulted with the Director General of WHO on the findings of the Panel, I consider that for significant outbreaks and health emergencies, staff managing those health crises should report directly through the Executive Director of the WHO Outbreaks and Health Emergencies Programme to the Director General, who is ultimately responsible.

12. The Panel observed that there was a close relationship between compliance with the core capacity requirements of the International Health Regulations and the wider improvement of health systems. It believed that compliance with those requirements was too important to rely entirely on a system of self-reporting. I support the Panel's findings and its emphasis on the critical importance of establishing the core capacities required by the Regulations at the country level as the primary basis for the prevention of and preparedness for health crises. As we witnessed in Guinea, Liberia and Sierra Leone during the Ebola outbreak, the

absence of those capacities has a significant impact upon the effectiveness of any response to a health crisis.

13. I therefore support the Panel's recommendations for strengthening the periodic review of compliance with the core capacity requirements of the International Health Regulations. A more credible and reliable process will enable vulnerable countries to highlight gaps and receive appropriate support from the international community. To that end, I encourage member States of WHO to give serious consideration to strengthening the periodic review process of the core capacity requirements when they review the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. It will be important, in addition to the self-assessment by countries of their own core capacities, for WHO to similarly coordinate objective assessments on an annually rotating basis for all countries, which can then be reviewed by the organization's member States. WHO will shortly convene relevant actors, including the Chair of the Global Health Security Agenda, to agree on common indicators and assessment templates. Those measures will be critical for mobilizing the necessary international support to assist with compliance by all countries. An absence of compliance by just one country could have an impact upon public health globally.

Recommendations relating to the United Nations system and its Inter-Agency Standing Committee partners

14. The findings of the lessons-learned exercise for UNMEER highlighted the importance of a "whole of system" response to a health crisis, including the necessary high-level political engagement for global public health. Moreover, the non-health impacts of epidemics or outbreaks underscore the value of immediate engagement by other parts of the United Nations system. The United Nations must activate and sustain its capacity to coordinate a unified response and mobilize an operational platform across multiple countries in an expedited manner commensurate with the response required by the crisis. In that regard, following the Panel's recommendation for strengthened early engagement by my office in health crises, the Director General of WHO and I have agreed that I will be formally informed of the response to Grade 2 or Grade 3 outbreaks. WHO is a member of the Inter-Agency Standing Committee and the Director General of WHO will keep the Committee informed of emerging health outbreaks with a view towards addressing when greater support will be required from the rest of the United Nations system in support of the organization's efforts.

15. The importance of having transparent command of the response strategy was evident during the deployment of UNMEER. While no international response can control the assets of organizations and actors of varying origins with varying donor obligations and reporting requirements, it is vital that there be a strong degree of command over the response priorities and strategies. Where needed, a coordinator will be appointed through existing Inter-Agency Standing Committee structures and mechanisms. The coordinator should have a strong emergency risk management response and emergency health background in order to provide effective strategic and operational coordination, as well as leadership, of the United Nations system's response to a health crisis. The Office for the Coordination of Humanitarian Affairs of the Secretariat will provide its standard support to the designated coordinator, and the WHO Outbreaks and Health Emergencies Programme will provide overall technical guidance and advice. I will also be informed of humanitarian and other

factors contributing to those threats in situations in which a non-health intervention is deemed critical.

16. The Inter-Agency Standing Committee has the strongest experience in coordinating international response to emergencies. It has developed tools, mechanisms, partnerships and policies to coordinate large-scale and context-appropriate humanitarian responses. That mechanism remains the foundation of the cross-sectoral response coordinated by the Emergency Relief Coordinator and the Office for the Coordination of Humanitarian Affairs. Operating in an epidemic context presents major challenges that are not necessarily prevalent in other emergencies. I encourage the members of the Committee to make bold commitments at the World Humanitarian Summit to enhance the robustness, timeliness and coordination of their capacities to address global health crises in collaboration with development actors and the private sector.

17. The critical guidance and identification of cross-sectoral strategies in relation to health concerns by WHO will be incorporated into the standard operating procedures for responding to health emergencies. That includes supply chain logistics related to health responses by national and international actors, which cannot be underestimated and can contribute significantly to saving lives. United Nations agencies such as the World Food Programme and the United Nations Children's Fund are working closely with WHO to ensure that arrangements and governance structures are agreed and tested in 2016 in preparedness for future responses. Moreover, the Office for the Coordination of Humanitarian Affairs and WHO have begun planning for stronger, more predictable coordination mechanisms in health crises.

18. I encourage my Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator to ensure the strong engagement of United Nations humanitarian agencies at an early stage of a health crisis through rapid assessments of humanitarian and access needs. To that end, the Director General of WHO and the Emergency Relief Coordinator will integrate health and humanitarian emergency trigger systems in 2016 to ensure that Inter-Agency Standing Committee partners are prepared for an immediate humanitarian response where needed in an outbreak situation. Every health crisis classified as Grade 2 or Grade 3, in accordance with the WHO Emergency Response Framework, should automatically trigger an Inter-Agency Standing Committee cross-sectoral initial rapid assessment.

19. The impact of health and humanitarian crises on women has been amply documented. The Panel observed that, since women tend to act as primary caregivers, they are on the front lines of the spread of disease and may also be disproportionately affected by the loss of their livelihoods. I support the recommendation of the Panel to all stakeholders to engage women in all levels of planning and operations to ensure preparedness and response to crises. In addition, I am committed to ensuring the full engagement of women in decision-making at all levels of planning and operations in the United Nations system.

Recommendations relating to national actors

20. The Panel observed that States are the primary actors responsible and accountable for responding to a health crisis and are best placed to contain outbreaks. It also identified the link between shortfalls in country preparedness, surveillance and response and poor compliance with the core capacities

requirements of the International Health Regulations. I support the Panel's recommendation for States parties to the International Health Regulations to urgently ensure full compliance with the core capacity requirements. I urge international support for vulnerable developing countries to achieve that outcome. It will also be important for the Governments of those countries to provide strong leadership and commitment by significantly increasing the amount of domestic resources devoted to ensuring compliance with the International Health Regulations.

21. The Panel recommended the inclusion of health crises into national disaster risk-reduction preparedness and response mechanisms and plans. While much already has been invested by national and international actors into national disaster preparedness plans and mechanisms, I encourage all Governments to undertake that measure, which is aligned with the Sendai Framework for Disaster Risk Reduction 2015-2030 agreed to by Member States in 2015. That would be the most appropriate tool and mechanism for a country-led multisectoral response to a health crisis and its impacts upon populations, and would avoid a duplication of preparedness plans and mechanisms for different contingency scenarios. I also support the recommendation that those processes be led at the highest political level in countries. I strongly encourage Governments to engage with my Resident Coordinator/Humanitarian Coordinator and the United Nations country teams and humanitarian country teams, including WHO, in their capitals to coordinate joint preparedness plans for those contingencies.

22. Following its visits to Guinea, Liberia and Sierra Leone, the Panel observed the vital importance of communities in combating health crises. Building and strengthening community public health capacities and building trust between authorities and communities are two critical national investment measures that can significantly contribute to prevention, preparedness and response. The Panel found that community sensitization efforts were poorly planned and did not take into account the legitimacy of local concerns, which contributed to a lack of trust between communities and national and international responders. That hindered the response to Ebola and may have contributed to its spread. However, when the problems were identified, significant steps were taken to better engage various community leaders and reduce the spread of the disease. Had those measures been taken before the onset of Ebola, we would have likely seen a much more effective response and fewer lives lost.

23. I encourage Governments to engage with United Nations partners in their countries, including WHO, to strengthen public health outreach and deepen their engagement with communities. United Nations partners will also be ready to facilitate engagement with other countries where similar practices are already under way. The communities in the three most affected countries were a major factor in containing the spread of Ebola. I also encourage Governments to invest more in the training of health professionals and to establish appropriate community health worker systems. In that regard, I look forward to the findings of the High-level Commission on Health Employment and Economic Growth.

Recommendations relating to regional and subregional actors

24. The Panel noted that regional and subregional organizations played important and innovative roles in the response to the Ebola crisis and can play an important role in responding to health crises, as outbreaks often cross borders. Regional

cooperation is imperative in order to improve cross-border surveillance, case monitoring and contact tracing. Those arrangements and agreements must be established and regularly tested in simulations as a critical preparedness measure if they are to effectively halt an epidemic. I endorse the recommendation of the Panel for regional and subregional organizations to develop or strengthen standing capacities to monitor, prevent and respond to health crises and to coordinate the sharing of existing capacities in the region. WHO stands ready to support those efforts and I urge regional and subregional organizations to take advantage of that support.

Recommendations relating to sustainable development

25. The Panel drew a close connection between the strengthening of health systems and other development priorities. The strengthening of health systems is the cornerstone for combating the spread of disease, but a functioning health system must be combined with strategic development in related sectors. The absence of development in water and sanitation, education, infrastructure or social services, for example, can significantly affect the vulnerability of populations to disease and the ability of health actors to provide adequate health care services. Following the adoption by the General Assembly of resolution 70/1, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", the United Nations and partners have an extraordinary opportunity to ensure that health systems are strengthened with the requisite development in related sectors. I recommend that the Assembly consider the most appropriate means of ensuring that the strengthening of health systems related to the core capacity priorities of the International Health Regulations are integrated into the indicators for the Sustainable Development Goals.

Recommendations relating to research and development

26. The Panel observed that there was a serious shortfall in research and development investment in vaccines and therapeutics for neglected communicable diseases that pose an initial threat primarily to developing countries, but could lead to a widespread outbreak or epidemic. I support the Panel's recommendation that WHO be responsible for coordinating the prioritization of global research and development efforts for neglected diseases that pose the greatest threat of turning into health crises.

27. The Panel called on WHO to lead efforts in assisting developing countries in building research and manufacturing capacities for vaccines, therapeutics and diagnostics, including through South-South cooperation. I strongly support that recommendation and call on all stakeholders in the public and private sector to consider that support a global public health good. Assistance in expanding research and manufacturing capacities would include developing and supporting research for biological and social science programmes, veterinary services and engineering and related fields.

Recommendations relating to financing

28. In times of a global public health threat or crisis, a single leader is particularly critical in order to avoid duplication and ensure an effective response. I reiterate that there is no organization that is better positioned to play that leadership role than

WHO. However, I believe that WHO needs to have adequate resources to fulfil the roles expected of it.

29. Since 2006, the United Nations agencies and their partners have greatly benefited from predictable allocations from the Central Emergency Response Fund to rapidly respond within a strategic, coordinated framework to humanitarian emergencies. Health crises and emergencies will require a significant dedicated fund to deploy and operationalize large-scale technical teams under the coordination and strategic command of WHO. In May 2015, the World Health Assembly decided to establish the Contingency Fund for Emergencies. Unlike the broader scope of the Response Fund, the Contingency Fund for Emergencies is established for the specific purpose of providing the resources necessary to rapidly scale up the initial response by WHO to outbreaks and emergencies with health consequences. An early and well-funded health response will be critical for saving lives of affected populations. I encourage Member States to ensure that the Contingency Fund is adequately funded and regularly replenished and that all United Nations entities participating in a response to a health crisis can have access to funding when needed.

30. Donors will need to support the strengthening of health systems more strategically. In addition, donors will need to support universal and equitable access to quality health care in more vulnerable countries where lack of income, poor communication and transportation lines, ill-equipped facilities and inadequate numbers of health-care professionals often mean the difference between life and death. Much has been achieved through international support for disease eradication programmes. Donors have generously contributed to programmes dedicated to specific health indicators. As the Panel stated, however, that support does not adequately extend to assisting Governments to sustainably develop health systems, nor are those "vertical" programmes broadly supporting health care systems in a consistent manner. I note that other sectors that contribute to responses to health crises, such as water, sanitation, hygiene, nutrition and protection, also need to receive adequate resources. I encourage donors and global and regional financial institutions, together with WHO and other relevant United Nations agencies, to initiate a strategic discussion and plan of action to provide adequate additional support to Governments to strengthen health systems.

31. On 29 August 2014, the Presidents of Guinea, Liberia and Sierra Leone wrote to me stating that their countries faced virtual economic sanctions and trade embargos that would aggravate the effect of the outbreak on their economies and stifle their attempts to control the epidemic (see S/2014/669). The Panel agreed that restrictions imposed at border crossings and on trade, sometimes potentially in contravention of the International Health Regulations, amplify the impact of disease outbreaks. It added that the consequences of an economic contraction caused by a disease can be more far-reaching and devastating than the outbreak itself. I therefore recommend that the World Trade Organization and WHO work together to consider how to mitigate the threat of such unilateral measures. Unless those risks are addressed, I am concerned that they may influence political decision-making with respect to health crises.

32. Access to predictable rapid funding by affected Governments and other national and international response actors is key to the success of a health emergency response and will contribute significantly to saving lives. In addition to

supporting critical activities, predictable funding is important in order to assist response leaders in better coordinating the development and implementation of a common strategy. The Panel noted that the absence of reliable funding affects the ability of authorities to prevent the spread of disease. In that connection, I strongly support the World Bank's proposal for a pandemic emergency financing facility and its innovative use of new financing sources. I recommend that donors help the World Bank to activate that fund as soon as possible.

Recommendations relating to follow-up and implementation

33. Outbreaks of communicable diseases pose a significant threat to global health security and require an immediate and robust response at the highest political level. In that regard, I note that both the Panel and the Ebola Interim Assessment Panel of WHO have recommended mechanisms for global health issues to be escalated to the political level. The importance of political leadership in addressing health crises at both national and international levels has been demonstrated by several recent communicable disease outbreaks. A large-scale health crisis can affect all sectors of society. Responses can often overlook or inadequately address marginalized and otherwise vulnerable groups. A response requires strong national political leadership to ensure that those challenges are adequately addressed.

34. At the national level, preparedness, surveillance and response efforts for communicable disease outbreaks should be led at the highest political level commensurate with the health outbreak. The Panel observed that concerns about possible outbreaks raised by health ministries at the national level often are not given the priority they deserve, or are downplayed for political reasons. On the other hand, engagement in a response to a health crisis by the political leadership at the highest levels helps to effectively mobilize all national response actors and encourage cooperation to achieve faster results. The experience of Nigeria demonstrates how high-level political leadership, clear public communications and strong engagement with the communities were instrumental in ending the Ebola outbreak.

35. As demonstrated in the West Africa Ebola outbreak, the consequences of health crises go far beyond health. A response that adequately reflects the health, humanitarian and socioeconomic dimensions will require leadership from a central political authority whose remit includes all of those sectors.

36. In today's interconnected world, outbreaks of communicable diseases in any country pose a significant threat to all countries. Conversely, any country's failure to acknowledge or adequately respond to an outbreak puts at risk the lives of people across the globe. Greater awareness of threats to global health security at the political level will allow earlier efforts at international cooperation to counter threats.

37. Political leadership is also needed to ensure effective global preparedness through continuing oversight of the implementation of core capacities and other preparedness measures and by directing international assistance where it is most needed. Effective monitoring is needed to maintain the momentum required to strengthen the global health architecture. Regular follow-up can help to keep the issue of global health security on the international agenda to better protect the world from pandemics.

38. In the light of the grave threat posed by pandemics, I support the Panel's suggestion that the General Assembly regularly raise global health concerns at the political level. In addition, those concerns can also be examined by the Economic and Social Council, as appropriate.

39. The Panel recommends the establishment by the General Assembly of a high-level council on global public health crises comprising 45 to 50 Member States that would cover three functions: first, the council would monitor the political and other non-health issues related to the prevention of and preparedness for major health crises; second, it would monitor the implementation of relevant recommendations; third, it would support preparations for a summit on global public health crises.

40. I do not support the recommendation to establish a high-level council on global public health crises. In my view, the functions proposed for the council could be covered through more frequent exchanges between the General Assembly and the Economic and Social Council on the one hand and the annual World Health Assembly on the other. In addition, the establishment of such a council might have significant resource implications.

41. I will be fully engaged in the implementation of the Panel's recommendations as they relate to the United Nations system and, when necessary, will bring relevant issues to the notice of the General Assembly. To assist in that regard, I am establishing, within existing resources a global health crises task force for a period of one year. The task force will be led by the Deputy Secretary-General, and I will also invite WHO and the World Bank to serve as co-leads for the task force. The task force will include senior-level officials from international organizations within the United Nations system. Given that preparedness for and response to global public health crises involves actors beyond the United Nations, the task force will also include independent specialists in international health, finance and trade, as well as persons with appropriate expertise from civil society and non-governmental organizations.

III. Conclusion

Wake-up call

42. With the increasing movement of people and populations throughout the world, and with climate change creating conditions that facilitate the spread of disease, no country is immune from a disease outbreak, no matter where it emerges. The recent Zika outbreak is evidence of that disquieting truth.

43. I believe that the threat to millions of lives of a pandemic has so far been underestimated, as has the importance of global preparedness and capacity. I recognize that, in the current global political and economic environment, many priorities place pressure on limited resources. However, unless we act now to strengthen the public health capacities of countries, to empower WHO, the United Nations and other responders and to invest to prevent disease outbreaks, the next health crisis may cause even greater devastation than the Ebola outbreak. I urge the General Assembly to seriously commit to addressing these recommendations.